

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11467**

FILED MAY 10 1954

BIRTH NO. _____		REG. DIST. NO. <b>56</b>		PRIMARY REG. DIST. NO. <b>4080</b>		Registrar's No. <b>4</b>	
1. PLACE OF DEATH a. COUNTY <b>Carroll.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Carroll.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norborne.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norborne.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>206. W 3rd. Street.</b>				d. STREET ADDRESS (If rural, give location) <b>206. W. 3rd. Street.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>James</b>		b. (Middle) <b>Elwood</b>		c. (Last) <b>Wade.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 19, 1909</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Station Operator.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gasoline.</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Benjamin Wade.</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Cook.</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Mae Wade.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>494-14-3216</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Mae Wade Norborne Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr -</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>180 x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov 15, 1953</b> , to <b>May 6, 1954</b> that I last saw the deceased alive on <b>May 6, 1954</b> , and that death occurred at <b>12:20 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. M. Smith</b>				23b. ADDRESS <b>Carrollton Mo</b>		23c. DATE SIGNED <b>5-7-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 8, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairhaven Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>Norborne, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 8-1954</b>		REGISTRAR'S SIGNATURE <b>Eileen Pennington</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John G. Deitch</b> ADDRESS <b>Norborne Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1929

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.